

Case Number:	CM15-0169636		
Date Assigned:	09/10/2015	Date of Injury:	06/02/2008
Decision Date:	10/07/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	08/28/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 60 year old female who reported an industrial injury on 6-2-2008. Her diagnoses, and or impression, were noted to include: cervical disc displacement without myelopathy; post-cervical laminectomy syndrome; and pain in shoulder joint and forearm. The history notes headaches and of a seizure disorder. No current electrodiagnostic or imaging studies were noted; a recent urine drug screening was said to be inconsistent due to analgesic oil given to her by a friend, and that she was undecided as to whether she would prefer to continue using the oil, or discontinue her oral medications. Her treatments were noted to include: electrodiagnostic and magnetic imaging studies (2013); cervical facet radio-frequency ablation (3-3-15); medication management with toxicology screenings; and modified work duties. The pain management physician's progress notes of 8-17-2015 reported continued right-sided neck pain with stiffness and swelling, and pain in the right shoulder and arm which are aggravated by repetitive use and activities, and decreased with rest and the use of her Nucynta, which she reported decreased her pain by 40%, and improved her quality of sleep. Objective findings were noted to include: spasm, hypertonicity and tenderness at her cervical para-spinus and upper trapezius musculature, right > left; and that she reported improvement in pain and function with Nucynta 3 times daily for pain. The physician's requests for treatments were not noted to include continuing Nucynta without change. The Utilization Review of 8-27-2015 non-certified the request for Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Nucynta (Retrospective dispensed 08/17/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 126.

Decision rationale: According to the MTUS guidelines, Nucynta is not indicated 1st line for mechanical or compressive etiologies. It is not a 1st line opioid for chronic pain. No one opioid is superior to another. According to the ODG guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone. In this case, the claimant was unable to tolerate Norco. Despite the use of NSAIDS, the claimant required Nucynta for 40% pain reduction and improved function. As a result, the use of Nucynta is medically necessary and appropriate to improve quality of life.